

TOWN OF WINDSOR
POST OFFICE BOX 307
WINDSOR, VIRGINIA 23487
757-242-4288
VARIANCE APPLICATION

Owner(s) Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number Day: _____ Evening: _____ Mobile: _____

Address of Property: _____

Tax Map Number: _____ Acreage of Parcel: _____ Current Zoning: _____ Legal Reference: _____

_____ An Interpretation _____ Variance is being requested to Article _____ of the Land Development

Ordinance for the reason that:

_____ It is an appeal for an interpretation of the ordinance, map, or appeal of administrative decision.

_____ It is a request for a variance relating to the _____ Use _____ Area _____ Frontage, _____ Yard and/or
_____ provisions of the ordinance.

Please state how this application meets the following criteria:

- 1) How the strict application of this Ordinance would produce an undue hardship. (not self-induced)
- 2) How such hardship is not shared generally by other properties in the same zoning district and vicinity.
- 3) Why the authorization of such variance will not be of substantial detriment to adjacent property and character of the zoning district.

The owner requests that a variance be granted to allow: _____

Owner's Affidavit (including compliance with all deed restrictions and covenants)

Owner: _____ Date: _____ Owner: _____ Date: _____

State of Virginia County of Isle of Wight

Subscribed and sworn to before me _____, A Notary Public in and for the County of Isle of Wight, State Of Virginia, this _____ day of _____, 200_____.

_____ Notary Public My Commission Expires _____

CHECK LIST

- ☐ Application Form
- ☐ Cover Letter

Site Plan

Other

STAFF CHECK LIST

Fee: \$225.00

Poster/Date to Post: _____

Received By: _____

Date: _____